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## ORIGINAL DEPARTMENT.

### Communications.

#### SOME POPULAR ERRORS REGARDING ARMY MEDICINE AND SURGERY.

An Essay,

Read before the Medical Society of the Second Division, Third Corps,  
Army of the Potomac.

By ASST. SURG. LEHLBACH,

7th N. J. Vols.

[Continued from page 237.]

#### Hygiene.

Not only, however, in regard to particular diseases do we find popular error pervading civil society, but equally so concerning the general laws of health.

Popular error, that self-complacent, wise old dame, nicely tucked away in the closest room of a badly ventilated, overheated house, expresses her intense sympathy for the poor soldier, who is exposed to wind and weather, between whom and heaven's sunrays and deluge, there is nothing but a thin shelter tent. And yet it needs but one glance at the hearty, healthy-complexioned young veteran, alongside the old lady's petted boy, who spends his days in a store, a bank, or a factory, with his lustreless eye and pale face, his cachectic, scrofulous look, to show us, which of the two is the proper object of commiseration. Has not this war, in fact, become a great teacher of hygiene? Is not every soldier of the army of the United States a living and emphatic protest against the fatal popular errors which prevail in society, in excluding fresh air and sunlight from their habitations, from their houses of public meetings, amusement, worship, and even civil hospitals? Why is it that hospital gangrene and erysipelas, and hospital typhus are diseases almost unknown in our military hospitals, while the community is shocked at the occurrence of these diseases in civil hospitals, as e. g.: recently at the Bellevue Hospital, New York? Is it not because we have learned better the value of pure air, proper ventilation, sunlight, and cleanliness?

If this war has taught the nation one great idea,

it is that of not being afraid of the draft. To pay stricter attention to sanitary laws, to resort more frequently to exercise in the open air, to pedestrian travelling as a national habit, to be less afraid of wind and sunshine, and more careful of avoiding crowd-poisoning, to be prouder of a bronzed skin, than of a pale face, will be some of the ultimate good results of the war to the nation. Every war, to some extent, is a great purgatory process. It largely counteracts the influences which tend to cause and propagate tuberculous and scrofulous diseases. It is certainly true that persons of a tuberculous tendency, even of tuberculous development, outgrow that tendency and that development under the favorable hygienic and dietetic influences of soldier-life. Men, who at home have never eaten fat articles of diet, so necessary to the proper performance of the processes of assimilation and the nutrition of the body, and who would, with cod-liver oil, have barely resisted the inroads of tubercular disease at home, have learned to eat pork, to relish it, and to grow hale and healthy under this diet. So that of pork in the army it may be truly said:

"They eat of hog, who never ate before,  
And those who ate, now eat the more."

This may appear a frivolous subject; but, when we consider how habits acquired by hundreds of thousands must exert their influences on the future life of the nation, the physical as well as the moral, we learn to look upon these apparent trifles as matters of importance, and to the physiologist it will appear as not the least among the important results of this war, that the nation will have learned to eat fat meat.

Of the second class of popular errors, those concerning the management and administration of medical affairs in the army, I can allude to but one or two, a few of the most serious:

#### Sanitary and Christian Commissions.

The most wide-spread of these errors is that the Sanitary and Christian Commissions are at the head of medical affairs of the army, and that without them there would be no hygienic and medical care of the soldier. Medical officers of the army will be the last persons to underrate the valuable services of these Commissions; but in discussing popular errors, that one, which by exaggerated

reports and an undue assumption of the importance of the results obtained, indirectly accuses the Government and its medical officers of an unwillingness or incapacity to supply the wants of the sick cannot be overlooked. No one, I venture to say, who speaks understandingly of in the matter, will assert that such is the case.

#### Ambulance Corps. Care of Wounded on the Battle-field, and the Sick,

Another series of errors are entertained by the public, and I am grieved to say, by the medical profession in civil life, as apparent from recent publications, in reference to our ambulance corps and the treatment of the wounded on the battle-field, implying inefficiency of organization and neglect.

It is often very difficult to make the practicable possibilities, in the care of the wounded on the battle-field, agree with theoretical rules and maxims, urged by humanity and science, and people are very apt to ascribe to inefficiency or indifference of medical officers, everything which does not in this respect show the highest degree of perfection. Impressed by the mournful scenes of the field of battle or of the hospitals, men and women of civil life, with their senses open only to the sight of woe around them, and their feelings worked up by the suffering of the wounded and the dying, find fault, and blame medical officers for a temporary state of things which it is beyond human possibility to avoid, or to change immediately. They forget that battles often last days; that the battle-field at night is not unfrequently the very ground for which the contest is renewed at dawn of the following morning; that ambulances are not iron-clads to be carried between the two lines of fire while the contest rages, that the topographical character of the battle-field is often such as to render the approach of ambulances and the transportation of wounded very difficult, that even with the best organized ambulance corps and system of field-hospitals, the fearful number of wounded in a comparatively short period of time, is often temporarily beyond the immediate control of the most strenuous efforts for organized attention; that the exact geographical position of the battle-field can frequently be so little determined beforehand and the available location for hospitals must, in consequence, be left so often to the accidents and exigencies of the moment, that some time unavoidably elapses before complete order is established. These things are beyond remedy, because they are the natural concomitants of battle. We might as well ask for thunder without lightning, or a storm on the ocean without waves. Yet, never in the annals of war, were the wounded on the battle-field so

rapidly cared for and attended to, or the sick in hospitals more amply provided for, than they are in our army. Where, in the history of this war, under the most unfavorable circumstances in which our armies have been placed from time to time, surrounded by the swamps of Virginia and North Carolina, or digging during midsummer, in the malarious soil around Vicksburg, when to the sickness incident to climate, soil and season, were added the accidents and injuries of battle,—where do we find such mortality as that of the British army, during the first seven months of the Crimean war, reaching the rate of 60 per cent. per annum, or that of the French during the last six months, when of 142,391 men, 73,422 were in hospital, when during the month of February alone, 20,800 sick were received in the ambulances, and almost all of them died? According to Dr. Woodward's official statistics, of the sickness and mortality of the army, the mortality rate of the armies of the United States during the first year of the war was 67.6 per thousand of its mean strength, against 23.2 per thousand of the British army during the Crimean war! We need no more eloquent refutation of the popular error that the sick and wounded in our army are illy cared for, than is contained in those simple figures.

#### Medical Officers.

In conclusion, a few remarks on popular errors regarding medical officers individually and as a class. There is a popular error that army doctors come out to make money and to cut off limbs. Greater errors cannot be entertained. The first is so absurd that it needs no refutation. As to the second, while a comparatively small number of medical officers in time of battle, have an opportunity to perform the more serious operations, by far the larger number, perhaps seven-eighths of all the cases that fall under the observation of the army surgeon are strictly medical cases. If any one labors under the idea that the field is a good and proper school for surgery, he is decidedly mistaken. A physician who is not a good surgeon when he joins the army, will assuredly not leave it as one. To the popular eye the true standard of capacity in a medical officer seems to be the rapidity and neatness with which he can cut off an arm or a leg. This error, there can be no doubt, has been nursed, to some extent, by the manner in which army medical officers are sometimes led to speak of operations, of their own, or their friends to laymen at home or in the army. But is this really the true standard from which to judge efficiency? How many cases of camp-fever and camp-diarrhoea has the army to deal with to one of amputation or resection? Which is the true, the operative, or the medical standard? And which

is the more honorable—to be judged as surgeons eager and anxious for nothing but to flourish the knife, or as physicians in the widest sense of the term, finding an equal interest in performing our duty in all cases of suffering, whether medical or surgical?

There are other popular errors which might be mentioned; but it cannot be expected that a "field-essay" should be exhaustive. If it has suggested a thought, an inquiry, by which some fact may be elucidated, or its causes explained, the object has been fully accomplished.

#### Discussion.

Dr. CALHOUN remarked that he had searched carefully to find cases of death from immediate hemorrhage on the battle-field. He had repeatedly examined the dead on the field from wounds of every kind, and failed to find a solitary instance of death from immediate hemorrhage.

This remark, of course referred to wounds of the extremities, not to perforating wounds of the chest and abdomen, where the abdominal artery or its branches are cut and fatal hemorrhage is unavoidable. His experience on the field had been that whenever we find considerable hemorrhage, it is generally venous, and not arterial, and the application of tourniquets and tight bandages increases instead of diminishing the difficulty. In the case of General ———, when he was brought off the field, his leg shattered by a twelve-pounder round-shot, there was profuse bleeding. It was caused by a leather strap, which had been fastened around the leg very tightly; the very thing which was intended to save life, came near destroying it. On removing the strap the hemorrhage ceased, there was but slight oozing; no spurting whatever. If there had been one life saved by the tourniquet, he thought that twenty limbs had been sacrificed by its injudicious and too frequent application.

Dr. VANDEVEER had seen cases of immediate fatal hemorrhage in perforating wounds of the thorax and abdomen, where large venous and arterial trunks were injured beyond the reach of surgical appliances. But he had yet to see the first case of a gunshot wound of the extremities in which serious hemorrhage rendered the application of the tourniquet necessary.

Dr. HUGHES differed from the essayist in the opinion which the latter advances regarding the diminished tendency to hemorrhage in a ratio corresponding to the increased velocity and momentum of a bullet. He considered the very opposite to be true. Bullets travelling with great velocity make a cleaner and less extensive wound than those of diminished velocity. There is generally much more contusion, laceration, of tissues

and splintering of bone where the velocity of the missile is diminished than where it is great. The higher the velocity the cleaner the wound, and the more does it approach the character of an incised wound. Hence he considered the theory laid down in the essay, wrong, that the greater velocity of modern missiles resulted in a diminished tendency to hemorrhage.

Dr. PERKINS agreed with Dr. HUGHES. The greater the velocity of a bullet the nearer the wound which it inflicts, comes to an incised wound, and consequently the greater the tendency to hemorrhage.

Dr. JEWITT thought that the theory advocated in Dr. LEHLBACH'S essay, could be reconciled with the facts observable. There may be apparently more laceration, more contusion in wounds from missiles of slow velocity, yet the destruction, the loss of vitality, of the parts struck will be more complete, if the missile has had great velocity. If he understood Dr. LEHLBACH correctly, his remarks were intended to refer to the degree of laceration and destruction, rather than to the surface—the amount.

Dr. LEHLBACH remarked that Dr. JEWITT had rightly interpreted his idea. It was the degree of laceration and destruction of the parts immediately involved in the track of the bullet, which he referred to, and not the amount or surface of laceration. Granted that the peculiar character of gunshot wounds consists in *tearing and pressure*, he could not see how greater velocity of the missile could act otherwise than to intensify these peculiar characteristic processes; a missile of greatly diminished velocity may inflict a larger wound and involve a greater surface of laceration, yet the *degree* of laceration and the *destruction of vitality* is not as complete as that of the parts immediately involved in an apparently smooth and less extensive wound from a missile of very high velocity. And he could not see how a more complete laceration and destruction of vitality of the blood-vessels concerned in the injury, could act otherwise than to diminish the tendency to hemorrhage. The theory which had been propounded that the greater the velocity of the missile the nearer the approach of a wound to an incised one, he thought altogether erroneous. The higher the velocity of the missile, the greater the combined forces of laceration and contusion which characterize a gunshot wound. There was such an essential, typical difference between the two classes of wounds that he was unable to perceive how one could partake of, or approach more or less the character of the other.

Dr. LEWIN coincided with Dr. LEHLBACH'S view, in regarding increased velocity of missiles as

followed by diminished liability to hemorrhage. From the very fact of missiles of diminished velocity and momentum, being more readily deviated from their line of flight and hence more apt to extend the sphere of solution of continuity in their more erratic course through the tissues, he thought the tendency to hemorrhage must be increased, while on the other hand he could not see how increased velocity would diminish the torn and contused character which forms the type of gunshot wounds.

The peculiar character of gunshot wounds being *lacero-contusion*, we find that these elements preponderate, one over the other according to the low or high velocity of the missile. Low velocity presents more laceration; great momentum of the missile shows a preponderance of the element of contusion, with more thorough destruction of vitality of the parts struck, a more complete pulpyfying of the tissues, and as a necessary consequence diminished liability to hemorrhage. His experience fully justified him in saying that wounds inflicted by missiles of high velocity, bleed less than those of low velocity. Hence the use of conical bullets from rifled pieces, in this war, in the place of round smooth-bore projectiles, has diminished the dangers of hemorrhage. It must be understood, however, that these remarks do not apply to wounds caused by fragments of shell, which, in this connection constitute, it may be said, an irregular class of wounds.

Dr. JEWITT called attention to the statement of a fact in the essay which he could fully corroborate, and which had frequently struck him as remarkable. It was the comparatively small number of cases of rheumatism in the army. He had seen but very few cases of acute rheumatism; and cases of chronic rheumatism, if we throw out those of a neuralgic character, which are miasmatic in their origin, and those of persons who had been subject to the disease before enlistment, were also very rare.

Drs. CALHOUN and HOUGH expressed themselves in a similar manner.

Dr. VANDEVEER suggested that this remarkable exemption of the army from rheumatism might, to a great extent, be owing to the diet which is essentially anti-rheumatic.

#### NOTES OF AN UNUSUAL CASE:

As observed by three Medical Officers.

Surg. B. S. MANLY, 1st U. S. C. C., reports: "I was called to extract the right inferior cuspid tooth of J. H. W., 28th January, 1864, at Old Point Comfort, Va. He was fifty-five years of age, of lymphatic temperament, large and strong, by occupation a hotel-keeper, and of temperate habits.

For several days he had been suffering severe neuralgic pains in his face and head, not definitely circumscribed, but most severe in the right side of his face and near this tooth. For two or three days he had been applying hot fomentations and chloroform until the side of his face was nearly vesicated. The tooth was somewhat loose and the gums inflamed and tender. On extracting the tooth no ulceration was noticed; and, so far, there were no symptoms of any results uncommon in connection with decayed teeth.

January 30. I was again called and found him in bed with pulse 100, full and rather strong, nervous system excitable, face and sublingual and submaxillary glands a little swollen. He was suffering some pain, but not severe or throbbing, but said he had had repeated chills within the two days past. He then remarked he had not called me on account of the condition of his face, but because he feared he was going to have a pleurisy. He had, however, no pulmonary symptoms. I prescribed Tinct. verat. virid.  $\mathfrak{m}$ .  $\mathfrak{ij}$ , et Pulv. ipecac et opii gr. iv. every three hours, and Quinia gr. v. at 6 A. M. and 6 P. M.

January 31. Found him suffering less pain, pulse 90, skin moist, appetite moderate, slight difficulty in swallowing, not able to open his mouth more than three-fourths of an inch, swelling somewhat increased and extending back to the neck. He had had two chills since the day before, but I was unable to ascertain that these or the chill of which he complained yesterday had observed any regular intervals. Veratrum and Pulv. ipecac et opii ordered to be given once in six hours; Quinia increased to twenty grains in twenty-four hours.

February 1. Swelling and difficulty in deglutition increasing. Prescribed saturated solution of chlor. potass.  $\frac{1}{2}$  oz. with tinct. ferri chloridi .x. To be used as a gargle every hour and the same amount taken internally every alternate hour. He was able to sit up, had moderate appetite and strength to walk about the room. But his extreme mental depression and the want of periodicity in his chills appeared to be constitutional symptoms giving some occasion for alarm, and I recommended counsel. At 2 P. M. a medical officer of the army met me. He attended with me until the close of the case, and I submit his notes for the balance of the period: "

"I first saw this patient 2 P. M., 1st February, 1864. On this, the third day of the serious sickness, and the fifth from the extraction of the tooth, the tissues of the mouth were very much swollen within and externally. There was excessive tenderness on touch and in swallowing, although careful manipulation was admissible. The whole



floor of the mouth and especially the root of the tongue was involved in the swelling. No complete examination was practicable, but the absence of exudation in the pharynx or oedema in the mouth was shown. The sublingual and submaxillary glands were much enlarged, and in the region of the extracted tooth the swelling equalled the size of a goose-egg. Similar although not equal enlargement existed on the other (left) side of the throat. Some, but not decided difficulty of respiration existed, but the chief trouble was in deglutition. The patient was quite anxious and dejected, with moderate febrile disturbance and irritation of pulse, which was about 90 and rather small.

I looked upon the case as one of serious tonsillitis complicated with severe and very unusual enlargement of the glandular and other tissues in the region of the mouth through sympathy partially with the local inflammation, and partially with that coincidentally excited by the extraction of the tooth. The swellings were all hard, totally inelastic and with no throbbing pain, and the general disturbance of the system seemed warranted by their presence. The indications appeared to be to soothe the local difficulties and support the general strength. It was determined to avoid any depressing agent, to double the quantity of iron, to use the tincture of iodine externally, to give brandy and beef essence freely, to enjoin quiet and rest, and to forbid useless and solid food. Nothing could be discovered to warrant operative interference or to demand any special procedure or treatment.

9 A. M. February 2d. He had rested tolerably well with the exception of having a chill before daylight. Upon the whole, although the swelling was a little increased, he was in better spirits, swallowed more easily and his pulse was much more natural. There was a tolerably free secretion of viscid saliva and mucus that was neither bad colored nor offensive, but annoyed him in attempting to swallow it. At two corresponding points, one on either side of the median line, and on the front of the throat, a very slight degree of softening was thought to be detected, but its existence was by no means certain.

The same treatment was continued with the substitution of fomentations of hops to the throat and the administration of ten grains of quinine with thirty drops of laudanum at 10 A. M. and 5 P. M.

9 A. M., February 3d. Found the patient sitting up, dressed, before the fire. The external swelling had increased a little, and had extended on the right side down the neck involving one set of cervical glands. No change in its character was

detected. Some unsteadiness of mind was noticed, which his wife said had occurred on other occasions of indisposition, and was attributed to the effect of a sunstroke five years before. The pulse was more hurried and the constitutional disturbance increased, which was ascribed to the exertion of being up and the failure to receive the beef essence as freely as desired.

He was immediately replaced in bed, and rest and full supply of stimulating nutriment enjoined. Nothing additional was deemed necessary.

2.30 P. M. same day. Accidentally passing the house, was hurriedly called in. Found the patient sitting up in bed in a dying condition. The power of speech and of swallowing was gone, the extremities were cold, the pulse hurried and feeble, and respiration difficult and failing. Learned he had suddenly grown worse about thirty minutes previously, without any appreciative cause. The attending physician and Surg. F. G. SNELLING, U. S. Vols., came in shortly, but nothing was considered possible to be done beyond the adoption of posture. Death, which was painless and with no struggle, occurred in about twenty minutes, and appeared to result from sudden lowering of the vital powers, accompanied by increased difficulty of respiration and failure of the circulation. The heart gave out first. It seemed that in the course of the morning he was again sitting up, dressed, and no brandy had been given him the past thirty-six hours although the opposite impression was received at the morning visit."

Surg. SNELLING made the autopsy at 9 P. M. of which the following are his notes :

"*Sectio cadaveris* six hours after death. Rigor mortis well marked but not excessive; surface still retaining some animal heat. A section was made one inch below the crista mentalis to the top of the sternum in the mesial line, and two transverse incisions from about opposite the cricoid cartilage obliquely outward and upward to one-half an inch below each ear, which, on being dissected up, perfectly exposed the parts to view. The skin, superficial fascia and platysma myoides were found perfectly healthy and normal. The sterno-hyoid and sterno-thyroid muscles were then dissected off from the larynx and it was found free from pressure or constriction. This was demonstrated to the satisfaction of all. On pursuing the dissection upward the genio-hyoglossus and genio-glossus, and other muscles in this vicinity were found to be infiltrated with a fetid pus, many small and scattered abscesses existed in the substance of the muscles, and the areolar tissue was in a sloughing and disintegrated condition. On passing a probe into an abscess opened up by the knife in dissecting just to the left of the mesial line, it was found

to pass upward and outward to the under portion of the inferior maxilla when it came in contact with dead bone. On further exploration it was found that the whole under surface of the inferior maxilla was denuded of periosteum, and in a state of necrosis. No bone covered with periosteum could be felt.

Upon exploring the otherside a precisely similar state of things was found to exist. The muscles were in a softened and infiltrated condition, and bathed in pus, which exuded from between the fasciuli. No large collection of matter existed, but the infiltration was general in these two muscles. A probe was here passed up in the same way, and the same condition of the jawbone felt. The pharynx was then cut down upon and laid open, and on passing the finger up toward the fauces a "post-pharyngeal abscess" was found which had burst, leaving a soft friable opening of the size of a shilling. This, before its rupture, had evidently pressed upon the pharynx and upper part of the laryngeal opening impeding respiration, and, doubtless, interfering with the movement of the epiglottis. Pus exuded from it in large quantities through the opening made into the pharynx.

The larynx was then laid open longitudinally, and found to be in a healthy condition, but on examining the epiglottis it was found that it and the rima glottidis were in an exceedingly oedematous condition sufficiently accounting for the suddenness of the seizure and death.

The remarkable absence of sinuses leading to dead bone is a most singular point in the case. How such an amount of disease in the bone could have obtained without marked constitutional symptoms, I am at a loss to explain, nor that any external evidences of the necrosed bone should have shown themselves. The parts under and about the chin and lower jaw were much swollen and of a peculiar hardness, but had none of the usual tense and shining appearance of a recent case. I could not ascertain that the swelling had long existed; on the contrary it was spoken of as a recent tumefaction arising from tonsillitis."

#### Sulphur in Asthma.

M. DUCLES of Tours recommends this substance in doses of three-fourths to one and one-half grains three times daily for several months. The *Boston Medical and Surgical Journal* mentions three severe cases where the asthma was completely cured by this very simple treatment.

#### Agreeable Mode of taking Senna.

Dr. LINTNER, (*Buchner's Repertorium*) says, that senna leaves (one or two drachms to one or two cups of water) should be allowed to infuse all night in cold water. With the strained infusion coffee is prepared next morning as if with water; and an aperient which does not taste of senna, and does not cause griping, is thus produced.

## EDITORIAL DEPARTMENT.

### Reviews and Book Notices.

*Transactions of the Medical Society of the State of New York, for the year 1863.*

The *Transactions of the Medical Society of the State of New York*, for 1863, have been for several months upon our table, and would have been noticed long before, but for a want of time to give the contents of the volume a careful reading.

#### The President's Address.

##### Nature and Science in Disease.

The first paper in the *Transactions* is the address of the retiring President; THOMAS HUN, M.D. This address, as published with the appended notes, is quite a lengthy, well written, and able paper. We, however, doubt the correctness of some of the author's premises, and are quite sure that its influence will not be altogether good. The "*Transactions of the Medical Society of the State of New York*" are published by the State, and circulated gratuitously. Of course, many volumes fall into other hands than those of medical men. The masses have quite too little confidence in our profession already. To be told now, by one elevated to the honors of President of the Medical Society of the great State of New York, that "The great object of our art is *not to cure the sick man*, but to carry him safely through those processes by which nature cures him, and to co-operate with nature in these processes," does not heighten that confidence. We grant that it is quite enough to carry our patient "*safely* through those processes by which *nature cures him*"—but if we are only to diagnose disease and watch its progress, the more intelligent of the unprofessional may pertinently inquire if disease *unnamed* may not progress as safely and to as favorable a termination *unwatched*, and thus save to the patient no small amount of expenditure? Our author tells us that "our pretensions in the healing of disease must be far more humble than they have been," and that *nature* is always the *healer* of disease, and the physician is the interpreter and minister of nature." He further adds, "When we assume that medical art consists mainly in the administration of remedies to cure disease, its points of contact with medical science are few and unimportant." Our author gravely informs his readers that "in the great majority of cases, diseases require no medicine for their cure." This may be true:—that is, death would not take place without them. But this does not prove that medicines are inoperative or not beneficial. It does not prove that the judicious administration of medicines, even where life is not endangered, may not *lessen the duration of disease, or mitigate much of its sufferings*. The object of medication is not *exclusively*, nor even *mainly to prevent death*. To mitigate the sufferings and shorten the duration of disease, are more common and quite as worthy objects, as to avert impending death.

We fear the meaning of our author will be misunderstood, and the result of his teachings different from what was intended. Instead of understanding him to mean that medicines are unnecessary, so far as preventing death is concerned, in the great majority of cases, they will understand him to mean that all medication is useless, and probably mischievous, in a great majority of cases. This they will not believe to be so, in the abstract, as in truth

it is not. They will record it as a confession of one, high in the confidence of the profession, that *regular medicine* is useless in a majority of cases. The result will be that, with the confession before them, the sick will turn for aid to the various systems of quackery, any one of which is by far more pretentious. This consideration, we grant, should not deter members of our profession from stating a well-established fact or a well-matured opinion. But we regard the author's inferences as over-statements of facts. Every well-informed and closely-observing physician knows, or should know, that medicines often act curatively. What physician, ten years in practice, has not seen repeated instances of disease, which, under the full influence of the curative action of nature, were progressing slowly toward a fatal termination, arrested, and finally entirely eradicated, and the patient restored to health, under judicious medication?

Our author may be thoroughly posted in pathological science, and in diagnostic art, but that he is a skeptic in the remedial powers and influences of medicine is too plainly apparent.

One knowing of the antecedents of Dr. HUN, might suppose that the only interest he has in a patient is to make out the diagnosis and establish the pathology of his disease. At this point he leaves him to the motherly care of dame nature, uninfluenced and unrelieved by the powers of our art. That impossibilities have often been expected of us, is doubtless true; but this does not justify us in promising nothing, expecting nothing, and attempting nothing. There is scarcely any disease, whether curable by unaided nature, or incurable by art and nature combined, in which the patient may not be rendered much more comfortable by the timely use of judicious remedies. To mitigate physical suffering, is by no means a matter of small moment.

#### Hospital Construction.

The *second* paper in the Transactions, is by CHARLES A. LEE, M.D., and is devoted to the consideration of hospital construction. This is a very able paper, and is illustrated with several engravings. The plans of the more notable foreign and domestic hospitals are considered. In war times, like the present, when enlargement and reconstruction of old hospitals and the erection of new ones, are matters of frequent occurrence, the subject matter of the paper before us is of paramount interest. Prof. LEE has thoroughly informed himself upon the subject under consideration, and has written with ability and judgment. We have not space for the analysis of this paper, but suffice it to say that it deserves to be read by all who have the superintendence of the reconstruction or erection of hospitals.

#### Potts Disease.

Article *third* is on the "Mechanical Treatment of Pott's Disease of the Spine," and is by CHARLES F. TAYLOR, M.D., of New York. Dr. TAYLOR's name has long been associated with mechanical treatment of spinal and other diseases involving deformity, and his views are so well known to the profession that it is unnecessary for us to make further remark upon the paper here given in the Transactions. Many of the mechanical appliances recommended and used for spinal disease and deformities, have been objectionable, and often times tended to aggravate rather than to remedy the disease for which they were used. Dr. TAYLOR's mechanical appliances are open to no such objection.

#### Medical Provision for Railroads.

Article *fourth* is by Dr. E. S. F. ARNOLD, of Yonkers, N. Y., and is upon the subject of Medical Provision for Railroads. This paper is supplementary to the one presented by the same author the year before, and published in the Society's Transactions for 1862. Our readers are doubtless more or less familiar with the proposed plan of Dr. ARNOLD, for supplying prompt and efficient medical and surgical attendance to the accidentally injured on railways. This subject is one of interest to all who travel on railroads, and almost everybody does more or less. Dr. ARNOLD is not alone in bringing this matter to the attention of railroad managers, and to our State Legislature. Dr. N. D. MORGAN and others have given the subject much attention, and we are not without hope that something may yet be done, that shall insure the unfortunate injured more prompt and skillful attendance.

#### A Remarkable Case of Deception.

In article *fifth* Dr. LEWIS A. SAYRE, of New York, reports a very "Remarkable case of Deception." It seems that, in the case reported, a physician was himself most egregiously deceived, or was himself a party to, and in connivance with the deception. When a regular member of the profession suffers himself to be deceived, disgrace is brought upon the profession:—when a *regular* becomes a party in, and an abettor of deception, he deserves no mercy at our hands. "Within a few weeks we have had connection with a case of hysterical monomania: the patient pretended to vomit everything—nourishment, medicines, all—for a period of *eight* weeks, and yet did not lose flesh! Pretended to vomit a quart or two of blood daily and to pass blood by the bowels;—would apparently cease to breathe for several minutes in succession; hiccough incessantly; had retention of urine; loss of voice, etc., etc.! It was seen by several medical men, and was regarded as a unique case. We studied it carefully; with seeming honesty and interest treated it, but all the time were putting the patient to the test! The patient was a girl of eighteen, of robust physical development, residing in the country. Her parents were rich, and persons of influence. When we had collected our facts, we presented them to the father and mother, who were persons of intelligence. Though listened to attentively, we were regarded as in the wrong. Aided and abetted by them, we made other and convincing tests; the result was made known to the patient. With great indignation she tried to get us discharged, and one employed whom she might dupe. The family were too thoroughly convinced to deal unjustly by us. The result was, the patient got well in forty-eight hours after an illness of eight weeks, in which she had been expected to die every hour! In fact she had several times been reported dead, and persons called to lay her out. The hiccough, vomiting of blood, suppression of urine, abstinence from food, etc., etc., were all deceptions, as the family were well convinced. The physician who allows himself to be deceived by such cases, is culpable, and dishonors his calling.

#### Artificial Hip-joint.

Article *seventh* is also by LEWIS A. SAYRE, M.D., and is entitled "A new operation for Artificial Hip-joint in Bony Anchylosis." This is an interesting paper, for a synopsis of which we have no space. It deserves to be read by all operating surgeons, and particularly by hospital and army surgeons, who have many cases of ankylosis to deal with.

### The Peninsular Campaign.

Article *eighth* comprises sixty-five pages, and is a report by Dr. JOHN SWINBURNE, of his experience in the Peninsular campaign. A large part of his report appeared in our pages. This is a highly interesting paper; shows the able and disinterested surgeon, and deserves to be read by all army surgeons. One point is incidentally illustrated, viz: that it is not the ablest and most efficient surgeons in the army who receive the most aid and encouragement from government officials. Having acted as surgeon in the army, we are supposed to know something of this matter. Our own experience has developed a chapter of observations, yet unwritten, that is even less flattering than the statements of Dr. SWINBURNE. We have seen surgeons removed for incompetency, who had a national reputation, as well as European, simply because they were obnoxious to some self-conceited but incompetent surgeon of older commission, or to some indolent out-ranking general, who knew as much of medicine as the horse he rode of politics, and no more, and who cared very little about the sanitary condition of the army. We have known surgeons in middle life, who had occupied the first places of honor in the profession of the United States, and whose reputation was transatlantic, and certainly second to but few in America, ordered before young and inexperienced men for examination for and discharged the service as *incompetent*, the examiners having *promised*, by letter, to find such persons incompetent *before* they ever saw them! while surgeons of a very low order of talent, who had no reputation, and deserved none, were retained, simply because they had not sufficient intelligence, or individuality of character to become objects of envy. We have certainly known one surgeon discharged as incompetent, who we know, in six months' service never lost a patient from disease nor from wounds, who did not die on the field, of the injury; one who never shirked his duty, who in one of the largest and most sanguinary battles ever fought in America, was with his regiment all the time, and on that eventful day had the surgical charge of the whole brigade, yea, and more—while the surgeon who had him ordered before two beardless boys for examination, on a charge of incompetency was to our certain knowledge hid behind a bank, a mile away, and the brigadier who seconded the effort to the end of this examination, was not to be found until the next day after the dreadful one of conflict and carnage!! We know, that on the day referred to this same "incompetent" surgeon was complimented by all the officers in the division, who were present, as the only surgeon of the division who was seen that day on the field!

### Fractures of the Cranium.

Article *tenth* is by Dr. FREDERICK HYDE, of Cortlandville, N. Y., upon "Fractures of the Cranium." This is a very interesting class of injuries, and we quote the author's conclusion in regard to operative interference: bearing in mind that we should exercise all possible discrimination in resorting to this operation (trephining). We, on the other hand, cannot but insist that a cautious trial for the removal of all loose splinter fragments, and blood, should it require even forceps, elevator and trephine, would be infinitely preferable to leaving a part or all of them, which are to act as foreign agents of direct irritation upon textures of great delicacy, already under a more or less dangerous amount of lesion."

For want of space we can only indicate the titles and respective authors of the remaining papers in the Transactions, which we do in order, viz: "Case of Lithotomy," by A. BAKER, M.D.; "Resection of Ankle-joint," by JOHN C. JOHNSON, M.D.; "Hyperostosis of Lower Extremities," by T. C. FINNEL, M.D.; "Post Pharyngeal Abscess, with three cases," by HENRY S. DOWNS, M.D.; "On deformity of the Feet and their Treatment with Plaster of Paris," by DEWITT C. ENOS, M.D.; "A case of Morbid Growth, Characteristic Symptoms of Cancerous Cachexia," by NELSON NIVISON, M.D.; "Professor Nelaton's recently invented Probe for exploring Gunshot Wounds in Bone, etc.," by ALDEN MARCH, M.D.; "Fracture of the Lower Jaw treated by a new method," by AUSTIN L. SANDS, M.D.; "Case of Prolapsus Uteri of fifteen years' duration, with extensive Ulceration of the Neck, cure by reposition," by ISAAC E. TAYLOR, M.D.; "Tracheotomy in Diphtheria," by WM. GILFILLAN, M.D.; "Cases of Ovarian Dropsy, treated by Iodine Injections," by D. G. THOMAS, M.D.; "Ovarian Disease and Ovariectomy," by AUGUSTUS K. GARDNER, M.D.; "Diphtheria," by AUGUSTUS L. SAUNDERS, M.D.; "Report on Gangrene of the Mouth and Fauces, observed at the U. S. General Hospital, New Orleans, La.," by RUFUS KING BROWNE, M.D.; "Pelvic Presentation, its Philosophy and Treatment," by J. V. P. QUACKENBUSH, M.D.; "A case of Delirium Tremens, treated by large doses of Tincture of Digitalis," by S. BARRETT, M.D.; "A case of Insanity," by GEORGE COOK, M.D.; "Cases of Small Pox and Varioloid," by HIRAM CORLISS, M.D.; "Statistics of some of the Diseases of New York and London," by CYRUS RAMSEY, M.D.; "Mortality of the City of Buffalo," by S. D. WILLARD, M.D.; "Report of the Committee appointed to draft a sanitary code for the State of New York," by THOMAS C. BRINSMADE, M.D.; "Report on the U. S. Pharmacopoeia," by EDWARD R. SQUIRE, M.D.; "Report from the New York County Medical Society," by GUIDO FURMAN, M.D.; "Communication from the Massachusetts Medical Society," by THOMAS HUN, M.D.; "Report of Committee on Medical and Surgical Statistics," J. G. ORTON, M.D.; "Regimental Surgeons of the State of New York, in the War of the Rebellion, 1861-3, Alphabetically arranged," by SILVESTER D. WILLARD, M.D.; "Notices of Deceased Members" and "Abstract of Proceedings of the Fifty-sixth Annual Meeting of the Medical Society of the State of New York."

From the titles of the papers given, it will be seen that the meeting of the New York State Medical Society was not without interest, even in 1863, when many societies deferred their meetings, because of the distracted state of the country and the number of physicians absent from their homes engaged in the army service.

Many of the papers referred to, are of permanent interest and cost their respective authors much time and labor; among which we may instance the paper by Dr. SILVESTER D. WILLARD. The Medical Society of the State of New York, has had an existence for more than half a century, during all which time it has held annual meetings, doing good service in the cause of medical progress.

O. C. G.

### Honey as an Excipient for Pills.

M. THIBAUT, (*Bulletin de Therapeutique*) believes that much of the disappointment following the employment of pills arises from their, as ordinarily prepared, acquiring a degree of induration that prevents their solution, and enables them to traverse the alimentary canal unchanged. To prevent this he recommends the employment of honey; pills prepared with it always remaining soft, however long they may be kept.



**MEDICAL AND SURGICAL REPORTER.**

PHILADELPHIA, APRIL 23, 1864.

**ENLARGEMENT AND INCREASE OF PRICE.**

From the first of May next, the **MEDICAL AND SURGICAL REPORTER** will be enlarged by the addition of several pages of reading matter, and the subscription price will be increased to **FOUR DOLLARS** per annum after July.

It has been our firm purpose to resist all temptations to raise the subscription price of the **REPORTER**, though again and again urged to do so, and thus conform ourselves to an almost universally prevalent law. A strict adherence to sound business principles would have impelled us to this course long ago, but we endeavored to avoid it by reducing the size of the **REPORTER** to an extent necessary to enable us to meet the increased expenditures. We find, however, that in so doing, we have cramped our own energies, done injustice to contributors, and impaired the usefulness of the **REPORTER**.

But we are compelled to give heed to other considerations than that of merely maintaining the existence of a low-priced journal. *It is absolutely necessary that we increase the size of the REPORTER in order to relieve the pressure on our columns.* We have now on hand valuable material enough for several numbers, and it is rapidly accumulating. At the present cost of publishing, it is utterly out of the question for us to give more reading matter at the present rate of subscription. The expense of publication has increased enormously, and we see no prospect of speedy relief. Since the 1st of January last our paper and printing bills have each been increased *twenty per cent.*, to which is added ten per cent. on other items, making a total of *fifty per cent.* increase in cost of publication since this year came in.

The necessity, therefore, of enlarging the **REPORTER** to accommodate valuable communications, involves the necessity of increasing the subscription price.

Subscribers will observe above, that we have somewhat modified our announcement in regard to the increase of price. The spring subscriptions have come in so freely that we think that we can accomplish our wishes in regard to the increase of size by making the subscription **Four Dollars**. Those who have paid at the higher rate, and those who pay by July will be credited at the rate of **Three Dollars**. *Payments after July must be at the rate of FOUR DOLLARS a year.*

**THE UNITED STATES SANITARY COMMISSION.**

We have spoken of the irresponsibility of the Sanitary Commission, which has assumed to do the work of the Medical Department of the army which the Government has provided agents to perform who are held to a strict accountability.

A New York paper which has lately had a violent attack of "sanitary fever" (from which it will no doubt recover, if it lives long enough) makes the extraordinary claim that the officers of the Commission are all honorable men, and that there is no necessity of their troubling the public with an account of their receipts and expenditures! As this is entirely out of the ordinary course of business management in other matters, it is difficult to understand on what ground—except it be that the public has lost its balance on this subject—the officers of the Sanitary Commission should be excepted from a custom that all government and corporation officers and business men generally conform to. What would be thought of the officers of a railway company or a banking institution, who should neglect or refuse to publish an account of their transactions? What paper would be so mad as to defend them in such a course on the ground of their being well-known, honorable, honest, upright, men? The Christian Commission, the Freedman's Relief Association and other organizations publish every fraction of a dollar that is contributed to their funds and the disposition they make of it. Although the Sanitary Commission publishes three papers, one in New York, one in Louisville, Ky., and one, we believe, in Portland, Me., we do not remember having seen any items of that kind in them, while they abound in self-laudation and letters from soldiers acknowledging the benefactions that they have received at the hands of the agents of the Commission, something in the style of certificates given to charlatans. Its ostentatiousness in these respects is very marked, not only in its own papers, but in the newspapers generally.

But how is the money received by the Commission spent? This is a question which it is somewhat difficult to reply to, even with the aid of a letter now before us written in February last by Rev. Dr. BELLows, its Magnus Apollo, and which professes to give information on this point. A brief analysis of the letter will show how much light it throws on the subject. Up to that time, (Feb. 8) Dr. BELLows says the cash which actually reached the central treasury of the Commission, had for the three years "amounted to about one million dollars." In undertaking to tell how this

million dollars was spent, Dr. BELLOWS gives various items as follows:

*Cash item 1.* Amount more than \$500,000. Of this money "more than half" he says, "has been expended in the purchase of such supplies as the homes of the land do not and cannot furnish, and in the transportation of them." He then goes on to enumerate these supplies, nearly every item of which will be furnished by the Government on the requisition of the proper medical officers.

*Cash item 2.* Amount \$500,000. "The other half million," Dr. BELLOWS goes on to say, "has been used in supporting two hundred experts, medical inspectors, relief agents, clerks, wagoners, and accompanying agents in the field, or in our offices and depôts, through whom our work is done." Mark that! *Half the amount of money, it is admitted, is paid to the agents enumerated, and although more than the million dollars cash admitted to have been received, has been disposed of already, there are still some heavy cash expenditures to detail.* He says that the money paid to these agents amounts to \$12,000 a month.

*Cash item 3.* Amount \$6,300. The Board, Dr. BELLOWS says, consists of twenty-one members, and that they give their services gratuitously, though he admits an expenditure of \$100 a year per member for travelling expenses.

*Cash item 4.* Amount say \$250,000 a year. "The next large expense," Dr. BELLOWS goes on to say, "is the support of twenty-five soldier's homes, in which twenty-three hundred soldiers (different ones) daily receive shelter, food, medical aid, protection and care." No indication of the cost of this item is given, but the rental and furnishing of twenty-five buildings for lodges, and the support of 2,300 soldiers must be a pretty heavy item—say \$250,000 a year, which, we think, would be a moderate estimate.

*Cash item 5.* Amount —. Under this head come: 1. "A special provision for wives, mothers, and sisters, who have expended all the little means of home in getting to Washington or Louisville, to see and protect their sick relatives. 2. A home for faithful nurses broken down in the service. 3. Arrangements for sending very sick soldiers home under escort." We have no means of estimating the amount of this item.

*Cash item 6.* Amount \$20,000 a year. This item is a hospital directory by which the whereabouts of all sick men is determined. There are 600,000 names in its books."

*Cash item 7.* Amount \$10,800. "Hospital Inspection. Sixty of the most skillful surgeons and physicians in the nation, were, eight or ten at a time, six months" in this work. Their travelling expenses, (we suppose they received no pay) must have been considerable. The expense of travelling in the days of cheap travelling and moderate hotel fare averaged about six dollars per day. The expense of ten men travelling for six months would be at the rate, \$10,800.

*Cash item 8.* Amount —. Under this comes the transportation of the sick in boats and in hospital cars. This must be a very heavy item, but how to estimate it we do not know.

*Cash item 9.* Amount \$200,000. Dr. BELLOWS says that it costs "less than three per cent." to collect and distribute supplies. The whole amount of cash and supplies contributed to the Commission up to the date of Dr. BELLOWS' letter, is stated at \$8,000,000, "less than three per cent," of which we put at \$200,000.

*Cash item 10.* Amount \$15,600 a year. Although no reference is made in Dr. BELLOWS' letter, to the store-houses of the Sanitary Commission, the cost of maintaining them, rent, fuel, light, etc., must be no inconsiderable item in the cash account. An official organ of the Commission now before us contains a list of twelve of these depôts in the principal cities of the Union, without including the one at Washington. An average of \$1200 a year for each of these thirteen depôts we think, would be within bounds—say \$15,600 a year.

We have taken up seriatim nine items enumerated in Dr. BELLOWS' letter, and added one not apparently included in his list, and have followed them, to what seemed to us to be their inevitable logical conclusions. Eight of these items only, involve an expenditure of fully one and a half million dollars (\$1,500,000) while there are two other items which we have no means of estimating the amount of, but which might involve the expenditure of another half million. And this is all cash expenditure, yet Dr. BELLOWS says that the cash receipts were only one million dollars.

The question arises how much cash has the Sanitary Commission received that a slight error of nearly or quite a million of dollars is made in a cash statement put forth by its chief officer? It is true that functionary professes to give "round numbers, and with only an approximation to exactness"—but then the discrepancy would be large even in governmental expenditures, which are counted by the hundreds of millions of dollars. It seems to us very singular that a junto of irresponsible men should be allowed by our national and State governments to handle millions of dollars of the people's money in this way without legal corporate powers and privileges such as banking, insurance, railway, and mining companies, are required to procure.

A few words regarding the moral and economical influence of some of the modes adopted by the Commission to raise money, will conclude what we have to say on this subject for the present. The fairs that are now being held, exert an influence calculated to increase, in many ways, the entirely too prevalent notions of extravagance in the expenditure of money under the guise of benevolence. A taste for theatrical exhibitions, balls and parties, is instilled into the minds of our children and youth. Theatres, high and low, advertise "benefits" for the Sanitary Commission. Parlor theatricals are gotten up to raise funds for it. Instances can be named where persons professing the principles of the Society of Friends have been beguiled into attending these questionable places of amusement, and if those who are generally as easily known as they are found in such places, what may be said of members of other religious societies who are not so readily marked? Groceries advertise that their receipts on given days will be given to the same purpose. Thus libations are poured out in the name of humanity and the religion of Christ to the God of Bacchus! But we cannot go further in this line of discussion of the subject.

In the contributions of days' wages to the funds of the Commission, great injustice is done to the poor who live by their days' labor, and to others who cannot afford to give, but who are often placed in such a position as to be compelled to do so or be subjected to invidious remarks and

taunts by their companions or the newspapers. The following instances in point, we find in a communication in the *Evening Telegraph* of this city; the only newspaper, so far as our observation extends, which has presumed to speak a word in behalf of the right in this matter.

"There called at the rooms of the Working-Woman's Relief Association, last week, a most respectable lady-like woman, who had nothing to eat, either for herself or children, all the day before, save some potatoes that had been thrown, as worthless, out of a huckster shop. She had not tasted coffee or tea for six months, nor seen any sugar for three. Her husband had been killed at Antietam, and she had been sewing to sustain existence on pantaloons at 17 cents per pair. She came to ask of the committee the loan of a few dollars, to set herself up in the *fish business*, which she believed would be less fatiguing, and pay better than sewing. She was accommodated, and the next day came to the rooms to exhibit her capital increased one-third, and exclaimed, joyfully, 'I am all right now.' The cause of her extreme destitution at the time she called, was owing to the fact that her employer had deducted from her pay 35 cents, (this being the amount of one day's labor) for the benefit of the Sanitary Fair. Think of it! think of it! and take, if ye can, even for the relief of our soldiers the bread from the mouths of starving babes and mothers, O Christian men and women!

"Again and again girls working in stores and factories, who are not averaging more than \$1 a week, are told they must contribute to this cause; and a foreman in one large establishment told his employer last week that he would rather give up his situation than deduct from the meagre pittance of young girls one day's labor, when they were wholly unable to give it.

"One other abuse should be corrected, and that is the asking of children in the Public Schools for contributions of one dollar each for this same Sanitary Fair. Many widows have to stint themselves of the necessities of life that their children may be sent decently to school; and the poor little creatures come home weeping to these poor mothers and tell that they are called 'mean little wretches,' both by teachers and fellow-pupils, because they were unable to bring the amount demanded. Let there be a speedy stop put to this. If donations are given willingly by those who can afford it, well enough, but they should not be extorted from suffering women and children."

#### ENLARGEMENT—LOCAL SUPPORT.

The proposed enlargement of the *REPORTER* seems to meet with the approbation of the profession. It will enable us to serve them much more profitably and with greater promptitude than heretofore.

We are making arrangements which will give it much greater literary value, involving, however, a heavy outlay. Dr. J. SOLIS COHEN will make reports of clinics in this city, and Dr. C. C. TERRY in New York, which will, in all cases, be revised by the lecturers. Dr. WM. B. ATKINSON, Secretary of the County Medical Society will, in a similar manner supply reports of the discussions before that body, and Dr. A. P. TURNER will have charge of the Periscope Department, which has, for some time been pretty nearly crowded out.

The *REPORTER* having the largest circulation of any medical journal in the United States must have a beneficial bearing on the local interests of Philadelphia. We know that it brings students and

patients here, and it also brings a large amount of trade. A large business with booksellers, surgical and orthopedic instrument makers, druggists, etc., is growing up through orders received at our office from every section of the country.

These, with many other reasons that might be named, are strong arguments in favor of an effectual literary and pecuniary support by the profession of this city. And that they appreciate its importance, is evidenced by the fact that Philadelphia gives the *REPORTER* several hundred subscribers. A continued earnest support on the part of the profession of this city, will greatly advance all its professional enterprises, give prominence to its practitioners of medicine, its colleges, hospitals, medical societies, and medical publications. Our enterprise has a liberal support in Philadelphia, and there is every reason why we should expect it.

## Correspondence.

### FOREIGN.

#### LETTERS FROM Dr. W. N. COTE.

PARIS, *March 3, 1864.*

#### Experiments with Oxygen.

In a paper addressed to the Academy of Sciences, Drs. DEMARQUAT and LECONTE examine the action of oxygen on animals. They state that dogs can inhale from thirty to forty litres of that gas and more, without evincing any other effect but that of great liveliness and an increase of appetite. But in order to observe the effects which oxygen thus inhaled, produced on the body large incisions were made on dogs in the axillary region, and when these were in course of healing, the dogs were made to inhale oxygen. It was then perceived that the wound was strongly injected—that a transparent serum exuded from the wound, and that in course of time a quantity of petechiæ made their appearance. Hence oxygen administered by inhalation exercises a powerful action on wounds. Oxygen injected into the jugular vein produced the same effects. These experiments require great care in order to prevent the death of the animal, but our authors have found that the injection may be most safely performed on the vena cava below the liver, and on the vena porta. In this way upwards of two litres were injected without causing the death of the animal, and without producing any modification in the blood. The milk alone turned red, and the abdominal veins became turgid, as if under the influence of oxygen, the mass of the blood had been increased. Rabbits were found to live seventeen

hours in oxygen, and after their death all their muscles were in a turgid state. The venous and arterial blood had undergone no change of color, and no organ displayed any signs of inflammation.

#### Impurities of the Atmosphere.

M. POUCHET gives an account of some microscopic observations made on the snow of Mont Blanc and some other culminating points of the Alps. The air on the top of the high mountains is extremely pure, owing to the gradual diminution of the quantity of minute particles which encumber it in the lower strata, as for instance in towns situated in a plain. Nevertheless whirlwinds will occasionally transport such particles to the upper regions. M. POUCHET has observed that, whether on the glaciers of the Alps, or on the border-line of eternal snow on Mount Etna or the Pyrenees, the snow which has been partially melted becomes dirty and blackish on its surface, which show that notwithstanding its apparent purity, it yet contains plenty of extraneous particles. Examining it attentively with the best instruments, they are found to present three important modifications according to their altitude. There is, in other words, a material difference between the snow of the plains, that of the limit of eternal snow, and that of the highest points. In the plains and in the vicinity of our great towns, the particles that predominate in the snow are of organic origin, such as fecula, crumbs of bread, threads of the stuffs we wear, impalpable charcoal-dust, traces of smoke but very few mineral particles. Towards the limit of eternal snow, or in the lower region of the glaciers, the particles found are chiefly mineral, borrowed from the surrounding valleys, and mixed up with the remains of plants blown over from the surrounding forests. Here there are no traces of over garments or food—fecula is very rare. Lastly, the snow on the summit of high mountains scarcely contains any extraneous particles. There are few belonging to the mineral kingdoms, and carried upwards by the wind from the surrounding valleys, but those of vegetable or animal origin are extremely rare, and M. POUCHET states that he has never observed any eyes of insects in them. Dr. KOLBE, the Alpine traveller, lately provided M. POUCHET with some snow collected on the top of Mont Blanc at an altitude of 12,104 feet, and it was found to contain some mineral particles belonging to the Grands Mulets, a few specimens of the *Protococcus nivialis*, a white and blue worsted thread, a fragment of a *conferva*, but neither eggs nor spores, although an inattentive observer might have taken the young *Protococcus* for some. M. POUCHET's object in making these investigations, is to show that the generations obtained by him in the air taken from Mont Blanc, were spontaneous.

#### Laws relating to the Insane.

The *Temps* has received a long "communicated" note in reply to an article published in that journal, in which the writer gives an opinion on different petitions now before the Senate. Two of them are said to have for object to bring about a reform in



the laws relative to lunatics, and the writer, while admitting that the law of 1838 has made a considerable improvement on those which formerly existed, says that the legislator has, by placing too much confidence in the decision of medical men, left individual liberty without guarantee. The note denies the truth of that assertion, and states that as all lunatic asylums are placed under the surveillance of the public authorities, no act of a medical man can interfere with the liberty in question. In France the asylums as well as the hospitals, are placed under the direction of governing bodies, termed *administrations hospitalières*. These administrations are composed of five members, one of whom retires annually, and his place is supplied by a member selected by the Minister of the Interior from among the candidates nominated by the administration. The members of the administration perform their duties gratuitously. The Mayor is *ex-officio* President of the administration. In every *arrondissement* there exists a consultative committee of hospitals composed of three lawyers chosen by the Prefect, who perform their duties gratuitously. They act as referees in the event of any dispute, and give their opinion on all matters on which the administration desires it.

W. N. COTE.

## DOMESTIC.

### Diphtheria.

#### EDITOR MEDICAL AND SURGICAL REPORTER :

I have been a close observer of diphtheria as it has prevailed in this region for the last three years. I have settled upon a treatment which has been eminently successful in my hands.

I give no theory or pathology of the disease further than to state that it is undoubtedly a blood poison, and from the chemical and therapeutical character of the remedies would infer that the poison is an acrid acid circulating in the blood, depressing the nervous energy of the entire system.

But to the treatment. I give carbonate of ammonia dissolved in water, in doses of two to six grains every hour, according to the age of the patient and the violence of the case.

I give no emetics of any description and no purgatives. If there is diarrhoea I check it with an opiate. If the patient is costive I let him remain costive. I have treated numerous cases successfully in which the bowels were not moved for six or seven days, and which I believe would not have recovered, had I given an emetic or a purgative. I ask any practitioner to observe closely the condition of his diphtheria patient before the exhibition of a purgative or an emetic, and his condition twenty-four or thirty-six hours afterwards, and if he does not find it worse, whether the case was originally a mild or severe one, then his clinical observation will not agree with mine.

As a local application, after trying many, I have settled upon one worth more than all others; it is the chemically pure nitric acid diluted with water to about the strength of common vinegar, so that a well person may apply it to his tongue repeatedly with impunity.

I apply this to the fauces with a throat pencil every two hours. I also allow my patients to eat ice with a teaspoon, (the ice being previously pounded) as much as they desire. Nourishing diet.

L. LINDLEY.

CONNELLSVILLE, PA., March 12, 1864.

## Army and Navy News.

### Orders.

Surgeon W. S. Thompson, U. S. Vols., is relieved from duty at Elmira, N. Y., and will report to the Commanding General, Army of the Potomac, for assignment to duty.

Ass't Surgeon Roberts Bartholow, U. S. Army, is relieved from duty in the Army of the Cumberland, and will report to the Commanding General, Army of the Ohio, for assignment to duty.

Surgeons W. C. Otterson and R. D. Lynde, U. S. V., have been relieved from hospital duty at Nashville, Tenn., and will report to the commanding General, Army of the Cumberland, for duty in the field. Their places in hospital to be supplied by medical officers of the same army, whose health has been impaired by field duty.

Surgeons John L. Teed and Robert Nicolls, U. S. V., are relieved from duty at Nashville, Tenn., and Quincy, Illinois, respectively, and will report to Ass't Surgeon-General E. C. Wood, U. S. A., at Louisville, Ky., for assignment to duty.

Surgeon A. M. Wilder, U. S. V., will report to the Commanding General, Army of the Ohio, for duty as Medical Director, 23d Army Corps.

Surgeons J. T. Heard and A. L. Cox, U. S. V., are relieved from duty in the Army of the Potomac, and will report to the Commanding General, Army of the Cumberland, for assignment to duty.

Surgeons A. H. Thurston and A. J. Phelps, U. S. V., are relieved from duty in the Army of the Cumberland, and will report to the Commanding General, Army of the Potomac, for assignment to duty.

### Promotions.

Ass't Surgeons C. S. Frink, G. A. Wheeler, E. Freeman, J. M. Laing, S. Hart, C. J. Kipp, S. S. Schults, J. K. Rogers, J. M. Lee, N. S. Barnes, N. F. Marsh, H. Eversman, C. B. White, and J. Leavena, of the U. S. Vols., to be Surgeons.

Surgeon E. D. Kittoe, U. S. Vols., to be Medical Inspector, U. S. Army.

### Appointments.

Drs. J. Y. Cantwell, J. B. Hood, H. Z. Gill, J. McCurdy, M. C. Woodworth, and S. Kitchen, of Ohio, W. O. Tracey, of New Hampshire, J. C. Freeman, of New Jersey, J. C. Carter, of Maryland, F. Wolf, G. A. Biegel, L. D. Sheets, and M. W. Townsend, of New York, E. A. Garothers, of —, J. D. Knight, W. S. Woods, J. Collins, and H. E. Goodnae, of Pennsylvania, A. P. Williams, A. Delaney, J. S. Radcliffe, A. Van Cleaf, A. I. Comfort, A. H. Wilson, and T. A. McGraw, Acting Ass't Surgeons, U. S. A., and B. McCluer, of Iowa, to be Ass't Surgeon of Volunteers.

### Resignations.

Ass't Surgeon E. Freeman, U. S. V., to take effect April 14, 1864.

### Leaves of Absence.

Surgeon J. Simpson, U. S. A., Medical Director, Middle Department, and Ass't Surgeon A. Woodhull, U. S. A., permission to visit Washington, D. C.

Surgeon Isaac H. Stearns, 22d Massachusetts Volunteers, for five days.

Ass't Surgeon Thomas McMillin, U. S. Army, sick leave for twenty days.

Surgeon P. A. O'Connell, U. S. Vols., 9th Army Corps, for seven days.

### Discharges, Dismissals, &c.

Ass't Surgeon Samuel Storer, 99th Ohio Vols., dismissed by direction of the President, for drunkenness, April 12th, 1864.

Hospital Steward W. W. Dean, U. S. A., honorably discharged at his own request, April 12th, 1864.

Ass't Surgeon Herman Craft, 143d New York Vols., having tendered his resignation on account of physical disability, is honorably discharged, April 11th, 1864.

Hospital Steward Theodore Heineman, U. S. A., for physical disability, April 9, 1864.

On the recommendation of a Board of Officers, convened at Cincinnati, Ohio, Surgeon Knesh Pearce, U. S. V., is honorably discharged on account of physical disability, to date March 23d, 1864.

### Died.

Surgeon F. M. Heister, U. S. Vols., at Reading, Pa., April 9, 1864, while on leave of absence, of chronic diarrhoea, contracted at Hilton Head, S. C. Dr. Heister was appointed Surgeon of Brigade, December 24th, 1861, having previously served in the "three month's volunteers."

### Assignments.

Hospital Steward E. J. Doe, U. S. A., to office of the Medical Director, Northern Department, Columbus, Ohio.

Hospital Steward C. Nall, U. S. A., to Fort Wayne, Mich.

Surgeon C. McMillin, U. S. V., to special duty, examining recruits at New York City.

Asst Surgeon G. P. Jaquett, U. S. A., to McDougall Barracks, Fort Schuyler, New York.  
 Asst Surgeon J. C. Bailey, U. S. Army, to the General Hospital, Fort Columbus, New York Harbor.  
 Asst Surgeon S. H. Horner, U. S. Army, to duty as Medical Purveyor, Department of the Ohio, Knoxville, Tenn.  
 Asst Surgeon Dailas Bache, U. S. A., as Asst Medical Inspector, Department of the Cumberland, Nashville, Tenn.  
 Surgeon W. Hays, U. S. V., as Medical Director, Sullivan's Division, Department of West Virginia.  
 Surgeon G. H. Hubbard, U. S. V., as Medical Director in the Field, Department of Arkansas.  
 Surgeon A. Majer, U. S. V., to duty in General Hospitals, Beaufort, S. C.  
 Surgeon S. D. Carpenter, U. S. V., as Medical Director, District of St. Louis, Mo.  
 Surgeon J. R. Ludlow, U. S. V., as Surgeon in Chief, 2d Division, 4th Army Corps, Army of the Cumberland.

#### Miscellaneous.

Hospital Steward Mark H. Woodbury, U. S. Army, now on duty at Augusta, Maine, has been reduced to the ranks, and will be sent under guard to Fort Columbus, N. Y. H., as a general service recruit.

So much of Special Orders, No. 99, current series, War Department, as dismissed Hospital Chaplain John A. Spooner, U. S. Army, has been revoked, and he has been allowed to resign from February 8, 1864.

The Asst Surgeon-General at Louisville, Ky., has directed Surgeon Thomas W. Fry, U. S. V., Superintendent of Hospitals at New Albany, Ind., to select a suitable building at the latter place and fit it up in first class style for reception of sick and wounded soldiers of African descent.

#### ANSWERS TO CORRESPONDENTS.

Correspondents will please bear in mind that it is just now exceedingly difficult to get some kinds of work done, and much delay is sometimes caused thereby in filling orders. *Everything is at maximum prices.* Many books are out of print, and publishers are not issuing many new works or editions. Foreign books had better not be ordered.

Dr. J. B. W., Pa.—Slade on Diphtheria, and Pereira's Prescription Book, were mailed to you on the 16th.

Dr. L. D. R., Va.—Mackenzie on the Eye, was mailed to you on the 16th.

Dr. P. L. G., Pa.—Gray's Anatomy, was sent by express on the 16th.

Dr. T. S., Pa.—Parrish's Pharmacy, was sent by express on the 16th.

Dr. S. C. W., N. Y.—Parrish's Pharmacy, was sent by express on the 16th.

Dr. F. C. E., Ind.—Your instruments were sent by express on the 16th.

Dr. E. K., N. Y.—Wilson on the Skin and Hair, was sent by mail on the 16th.

Dr. T. F. K., Iowa.—West on Ulceration of Os Uteri, mailed on the 16th.

Dr. E. T. M., Ohio.—Wood's Practice, was mailed on the 16th.

Dr. A. W. O., S. C.—Taft's Operative Dentistry, was mailed on the 16th.

Dr. C. H., Ohio.—The price of Cammann's Stethoscope is \$3.00.

Dr. E. D. R., Pa.—An exploring needle will cost 75 cents.

#### MARRIED.

GRIFFITH—VALENTINE.—At the Continental Hotel in this city, April 14th, by Rev. P. S. Henson, Dr. John B. Griffith, of Philadelphia, and Miss Nellie Valentine, of Chester County, Luzerne—NEWTON.—On Monday April 18th, at St. Stephen's Church, in this city, by the Rev. Dr. Ducahot, Dr. Pedro M. Luzon, and Bessie Newton, daughter of Major W. J. Newton, United States Army.

WEBBER—STURTEVANT.—In Roxbury, Mass., 13th inst., Dr. Samuel Gilbert Webber, Assistant Surgeon in the Navy, and son of A. D. Webber, Esq., and Miss Nancy P., of Roxbury, daughter of Josiah D. Sturtevant, Esq.

#### DIED.

ATKINSON.—On the 20th instant, of consumption, Dr. J. Lee Atkinson, in the 29th year of his age.

HEINEKEN.—Suddenly on the 13th inst., at Columbus, N. J., J. P. D. Heineken, M. D.

HOMAN.—At Olean, N. Y., on Tuesday, April 5, of congestion of the lungs, Fred. S. Homan, aged 19 years, only son of the late S. H. Homan, M. D., and grandson of J. C. Homan, Esq., both of Mendham, N. J.

KIMP.—At St. Michaels, Talbot Co., Md., Assistant Surgeon William T. Kimp, U. S. Navy, in the twenty-third year of his age.

#### METEOROLOGY.

April	11.	12.	13.	14.	15.	16.	17.
Wind.....	N. E.	N. E.	N.	N. E.	E.	N. E.	N.
Weather.....	Cl'dy. Rain.	Cl'dy. Sh'er.	Cl'dy. Rain.	Cl'dy. Sh'er.	Cl'dy.	Cl'dy. Sh'er.	Cl'dy. Sh'er.
Depth Rain...	1-10		6-10				
Thermometer							
Minimum.....	34°	35°	33°	31°	35°	34°	34°
At 8 A. M.....	42	47	38	44	45	49	40
At 12 M.....	51	58	41	47	50	55	53
At 3 P. M.....	62	48	40	57	59	54	56
Mean.....	44.7	47.0	38.0	44.7	47.2	48.0	48.2
Barometer.							
At 12 M.....	30.0	30.0	30.0	30.0	30.0	29.6	29.9

Germantown, Pa.

B. J. LEEDOM.

#### MORTALITY.

	Philadelphia. Week ending April 16.	New York. Week ending April 18.	Baltimore. Week ending April 18.	Boston. Week ending April 16.	Providence. Month of March.
Popl'n, (estimated.)	620,000	1,000,000	240,000	180,000	52,000
Mortality.					
Male .....	212	229	63	52	44
Female .....	163	212	55	47	54
Adults .....	178	218	51	66	29
Under 15 years.....	177	216	66	39	28
Under 2 years .....	108	145	35	38*	12
Total .....	375	441	118	99	95
Deaths in 100,000.....	56.93	44.10	49.16	55.00	182.69
American .....	271	227	...	71	73
Foreign .....	87	214	...	28	17
Negro .....	43	17	23	5	10
ZYMOTIC DISEASES.					
Cholera, Asiatic.....	...	...	...	...	...
Cholera Infantum.....	1	...	...	...	...
Cholera Morbus.....	...	...	...	...	...
Croup .....	13	14	7	4	3
Diarrhoea .....	5	7	...	2	...
Diphtheria .....	4	9	...	3	7
Dysentery .....	1	1	...	1	...
Erysipelas .....	1	...	1	2	...
Fever, Intermittent.....	...	...	...	...	...
Fever, Remittent.....	...	...	...	...	...
Fever, Scarlet.....	4	23	4	3	8
Fever, Typhoid.....	9	9	...	1	5
Fever, Typhus.....	5	17	...	...	1
Fever, Yellow.....	...	...	...	...	...
Hooping-cough.....	3	4	1	...	...
Influenza .....	...	...	...	...	...
Measles .....	3	6	10	2	...
Small Pox.....	5	8	19	1	...
Syphilis .....	...	...	...	...	...
Trush .....	...	...	...	...	...
SPORADIC DISEASES					
Albuminuria .....	...	1	...	1	...
Apoplexy.....	8	8	...	...	...
Consumption.....	59	64	15	15	22
Convulsions.....	14	62	2	1	3
Dropsy .....	16	23	2	2	...
Gun-shot Wounds.....	1	...	...	...	...
Intemperance .....	4	2	...	1	3
Marasmus .....	7	20	...	1	...
Pleurisy .....	2	1	...	...	...
Pneumonia .....	28	45	6	6	9
Puerperal Fever.....	2	4	...	...	...
Scrofula .....	...	3	2	...	...
Violence and Acc'ts	12	19	1	1	3

\* Under 5 years.

#### NOTICE.

##### American Medical Association.

The Fifteenth Annual Meeting of the "American Medical Association," will be held in the City of New York, commencing Tuesday, June 7th, 1864, at 10 o'clock, A. M.

Proprietors of medical journals throughout the United States and their Territories are respectfully requested to insert the above notice in their issue.

GUIDO FURMAN, M. D.,

126 West 25th St., N. Y.

Secretary.